**PATENT** 

Attorney Docket No.: 13DV-13812



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Peter J. Rock, et al.

: Group No.: 2172

:

Serial No.:

09/687,420

Examiner: Chongshan Chen

Filed:

October 13, 2000

For:

METHODS AND APPARATUS FOR SELECTING

**CANDIDATES TO INTERVIEW** 

Mail Stop AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 **RECEIVED** 

AUG 1 0 2004

**Technology Center 2100** 

### **TRANSMITTAL**

1. Transmitted herewith is:
Transmittal (3 pages); Request for Reconsideration (10 pages); Postcard

### **STATUS**

2.	Applicant	
		claims small entity status.
	$\boxtimes$	is other than a small entity.

# CERTIFICATE OF MAILING BY EXPRESS MAIL TO THE COMMISSIONER FOR PATENTS

Express Mail No. EV459194055US

Date: August 5, 2004

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

William J. Zychlewicz, Reg. No. 51,366

# AVENT & TRIBERS 3.

# **EXTENSION OF TERM**

	The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.						of 37 C.F.R.	
	(a) [			t petitions for		applicable) ion of time under 3° total number of month		
Exte	nsion for	respo	onse with	in:		Other than small entity Fee		nall entity Fee (if applicable)
			☐ fi	rst month		\$ 110.00	\$	55.00
			se	cond month		\$ 410.00	\$ :	205.00
			th	ird month		\$ 930.00	\$ 4	465.00
			☐ fo	ourth month		\$1,450.00	\$	725.00
			☐ fi	fth month		\$1,970.00	\$ !	985.00
						Fee Due		\$
			An extent	nsion of	months leducted from	em, if applicable)  nas already been sec  n the total fee due f		_
			or exten	-		h this request \$		
				Extension	OR	h this request \$	<u> </u>	
(	(b) 🗵	con	ditional	petition is be	o extensior ing made to	of term is required o provide for the po ced the need for a p	ssibi	lity that
				FEE F	OR CLAI	MS		
4.	The fee for	or cla	ims (37 (	C.F.R. 1.16(b	)-(d)) has b	een calculated as sl	hown	below:
	(Col.	1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
,	CLAIN REMAIN AFTE AMENDN	VING ER		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL. RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL			MINUS		=	x \$9 = \$		x \$18 = \$
INDEP.			MINUS		=	x \$42 = \$		x \$84 = \$
	_ FIRST P	RESEN	TATION OF	MULTIPLE DEP. (	CLAIM	+\$140= \$		+ \$280 = \$
						TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$
	(a)	$\boxtimes$	No add	itional fee for	r Claims is			

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P. 5.	CSS		OR
<sup>NB</sup> 058	AN TOPIC MA	(b)	Total additional fee for claims required \$
ENT & TRA	<b>REMIN</b>		FEE PAYMENT
•	5.		Attached is a check in the sum of \$
•			Charge Deposit Account No. 01-2384 the sum of \$  A duplicate of this transmittal is attached.
			FEE DEFICIENCY
<b>!</b>	6.	$\boxtimes$	If any additional extension and/or fee is required, charge Deposit Account No 01-2384.
			AND/OR
		$\boxtimes$	If any additional fee for claims is required, charge Deposit Account No. 01-2384.
	7.		Other:
			Zuumtast

William J. Zychlewicz

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